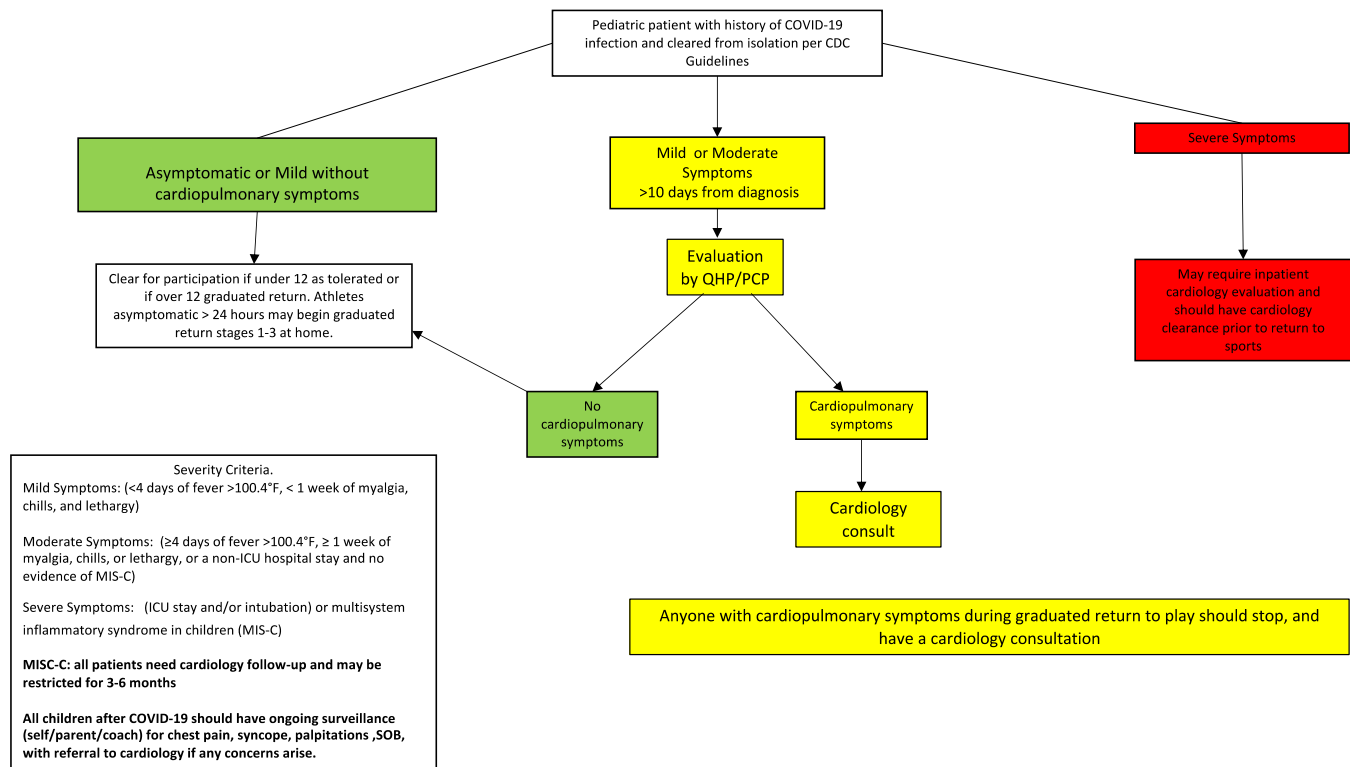


COVID RETURN TO PLAY FAQs

The DIAA Sports Medicine Advisory Committee in collaboration with Nemours Children's Health have worked to develop guidelines to help ensure the safety of all athletes after an infection with the COVID-19 virus. Medical providers should refer to the attached flow sheet and current medical research for reference.

While the vast majority of young persons afflicted with the coronavirus have mild symptoms or remain asymptomatic, the infection can cause inflammation to the heart and lungs either through an immune response mounted by the body or by direct injury. A small number of children have been diagnosed with cardiac involvement during or after their initial illness, or with the development of multisystem inflammatory syndrome in children called MIS-C up to 6 weeks after their initial illness. Children with severe illness may also have significant involvement of their lungs.

Return to Play After COVID-19 Infection in Pediatric patients



1. How do I determine the severity of my COVID-19 illness?

Asymptomatic: Individuals who test positive for SARS-CoV-2 using a virologic test (i.e., a nucleic acid amplification test [NAAT] or an antigen test) but who have no symptoms that are consistent with COVID-19.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging. Any fever (greater than 100.4°F) should resolve in less than 4 days. Other symptoms (besides loss of taste/smell) should last less than 1 week.



Moderate Illness: Individuals who have greater than or equal to 4 days of fever (greater than 100.4°F), greater than or equal to 1 week of myalgia, chills, or lethargy, or a non-ICU hospital stay and no evidence of MIS-C.

A Qualified Healthcare Provider (QHP) (MD, DO, NP, or PA) may find evidence of lower respiratory disease during clinical assessment or imaging and an oxygen saturation (SpO_2) $\geq 94\%$ on room air at sea level. Pneumonia, frequent fever and cough (mostly dry cough, followed by productive cough), presence or absence of wheezing but no obvious signs of hypoxemia (eg shortness of breath), abnormal breath sounds on auscultation, and dry or wet snoring would also fall into the moderate risk for children.

Severe Illness: Severe symptoms with a hospital stay with $\text{SpO}_2 \leq 94\%$ on room air at sea level. ICU stay and/or intubation or multisystem inflammatory syndrome in children (MIS-C)

MISC-C: all patients need cardiology follow-up and may be restricted for 3-6 months

2. What symptoms should I be concerned about when returning to exercise?

All children after COVID-19 should have ongoing surveillance (self/parent/coach/ATC/Nurse) for cardiopulmonary symptoms such as chest pain, syncope (passing out or near passing out), palpitations (heart racing or fluttering), and/or shortness of breath, with referral to a QHP if any concerns arise.

3. When should a student-athlete see a Qualified Healthcare Provider (QHP - MD/DO/NP/PA)?

Asymptomatic and mildly symptomatic athletes who have recovered from their illness (without symptoms for $> 24\text{hrs}$) do not need to see a QHP. However, any athlete with a known heart condition, or a close relative that died or was disabled from a heart condition prior to the age of 50 years, should be cleared by a QHP before starting the C-RTPP.

It is required that anyone with moderate illness and higher obtain clearance from a QHP (**preferably** their Primary Medical Provider) before beginning the DIAA Covid-19 Return to Play Progression (C-RTPP). QHP's should consider referring to cardiology if there are persistent cardiopulmonary symptoms or signs on examination after illness resolution.

4. When should a student-athlete see a cardiologist?

Any student athlete who begins to exhibit symptoms (highlighted in question 3) during or after completion of the C-RTPP must stop the progression and be evaluated by a QHP before restarting the program. Further evaluation with cardiology may be warranted if there are concerning symptoms or findings on examination identified by the QHP.

Any student athlete with a severe case of Covid-19 or MIS-C must receive cardiologist clearance before beginning a C-RTPP.

5. Must the entire DIAA C-RTPP be followed even if vaccinated or only mild symptoms?

If a student-athlete is asymptomatic or mildly symptomatic, they may begin Phases 1-3 at home while in isolation once they have been asymptomatic for at least 24 hours. As always, if activity at any step results in a return of symptoms, then activity should be immediately halted. If any non-cardiac symptoms (eg: nausea, muscle pain, fatigue) occur while going through the C-RTPP, the athlete must return to the previous stage and



progress again after a minimum 24-hour period of rest without symptoms. Multiple incidences of return of non-cardiac symptoms or any cardiac symptoms result in a referral back to the QHP. After being cleared to exit isolation, the athlete may progress through the remaining phases of the C-RTPP (Phase 4-6). Phases 4-6 should be monitored by the school's Athletic Trainer or Nurse, or by the student's QHP.

Student athletes with moderate or greater COVID-19 illness shall begin the C-RTPP at Phase 1 after he or she is cleared by their QHP or cardiologist.

6. How long should an athlete that has had Covid-19 be monitored?

The athletes themselves, as well as their parents/guardian shall be ultimately responsible for monitoring their symptoms, reporting to their QHP, as well as reporting any test results, signs, and symptoms to the school's Nurse and/or Athletic Trainer) The exercise progression can be monitored by the school's Athletic Trainer or Nurse, or by the student's QHP.

Since cardiac issues can develop in both vaccinated and unvaccinated persons, anyone who has tested positive or has signs and symptoms consistent with Covid-19 should be monitored for at least 6 weeks.



COVID-19 RETURN TO PLAY PROGRESSION

The DIAA COVID-19 Return to Play Protocol (RTPP) consists of phases that are designed to gradually increase exercise activity and monitor for any recurrence of cardiac or pulmonary symptoms that could necessitate further workup by the student's QHP or a cardiologist. The exercise progression is similar to that which is utilized for returning to sport after concussion. The exercise progression can be monitored by the school's Athletic Trainer or Nurse or by the student's QHP. The COVID-19 RTPP is outlined below.

DIAA, DSMAC, and Nemours Children's Health have developed a COVID-19 Return-to-Play Protocol (RTPP) that considers recommendations of the NFHS, AMSSM, CDC, Delaware DPH, and other medical organizations. Please feel free to contact the school's Nurse or Athletic Trainer if you have any questions.

Phase 1- Day 1

- Athlete has been asymptomatic for >24 hrs. Athletes with \geq moderate illness need to be cleared by a QHP or cardiologist as described above.
- 10 min light stationary bike or jogging at < 60% max-predicted heart rate (MPHR 220-age)
- Athlete completes above criteria without excessive fatigue, breathlessness, or cardiac signs including chest discomfort

Phase 2- Day 2

- Athlete remains symptom free
- 20 minutes of aerobic exercise (walking, light jogging, stationary bike, no resistance training) at <65% MPHR
- Athlete completes above criteria without excessive fatigue, breathlessness, or cardiac signs including chest discomfort

Phase 3- Day 3

- Athlete remains symptom free
- 30-45 minutes of moderate activity (eg combination of aerobic activity with low resistance weight training) at <70% MPHR
- Athlete completes above criteria without excessive fatigue, breathlessness, or cardiac signs including chest discomfort

Phase 4- Day 4

- Athlete remains symptom free
- 45-60 minutes of sports specific activity (including warm up and resistance training) at <80% of MPHR
- Athlete completes the above criteria without excessive fatigue, breathlessness, or cardiac signs including chest discomfort

Phase 5- Day 5

- Athletes remain symptom free
- 60 minute practice
- Athlete completes the above criteria without excessive fatigue, breathlessness, or cardiac signs including chest discomfort

Phase 6- Day 6

- Athlete remains symptom free
- Return to competition without restrictions
- Athlete completes above criteria without excessive fatigue, breathlessness, or cardiac signs including chest discomfort
- Athlete continues to be monitored for cardiac signs and symptoms for 6 weeks, wither by School QHP (school nurse or ATC) or their own QHP.